

gists, and social workers provide service in two or more positions but still the number of positions offered and unfilled remains immense. There is a lack of candidates for top-level positions such as commissioners, hospital administrators, and superintendents, and the wide disparity in geographical distribution of professionals in all groups continues. Furthermore, the pressure to fill positions in certain communities has led to staffing with unqualified persons or downgrading of positions, thus

allowing the development of substandard services. The Commission report points up the fact that the staffing of community mental health centers will increase the demand for mental health personnel. Such demands require optimum training and maximal functioning of other caretaker groups and particularly the development of innovations in training models.

LAWRENCE C. KOLB, M.D.
Coordinating Chairman

Report of the Constitution and By-Laws Committee

The Constitution and By-Laws Committee has been reviewing the propositions of the Airlie House Conference for an expression of general intent. This review is under consideration and no specific recommendations will be made at this time.

However, it was our recommendation that the constitution be revised in form. With the transfer of detailed responsibilities, duties,

and committee structure to the by-laws, greater flexibility for organization will be attained. The ability to mobilize for more functional organization can be more rapidly, as well as legally, implemented.

HAROLD M. VISOTSKY, M.D.
Chairman

Report of the Joint Commission on Mental Health of Children

In the Medicare Bill passed by Congress in its last session, a two-year study of the mental health needs of children in this country was authorized and \$1,000,000 was appropriated to carry it out. This proposal grew out of the inability of the Joint Commission on Mental Illness and Health to cover the children's field. The need for information as a basis for planning in this area was apparent, and pressure to make it available came from a number of directions in our professional groups and agencies.

The Joint Commission on Mental Health of Children was formed to carry out the mission authorized by Congress. The American Psychiatric Association spearheaded its formation, calling together representatives from 13 national professional associations to form a 50-member, broadly based, interdisciplinary and

lay board of directors, patterned after the earlier Joint Commission. This board submitted an application to the National Institute of Mental Health to be the group authorized to carry out this study. In due course this application was approved and an award made by the Secretary of Health, Education, and Welfare for the study to begin June 1, 1966.

The board has had a number of active committees preparing the organizational stages of the Joint Commission :

1. The Committee on Personnel nominated Joseph L. Bobbitt, Ph.D., associate director of the National Institute of Child Health and Human Development and previously associate director of the National Institute of Mental Health, to be the executive director of the Joint Commission. He begins this new post on June 1, 1966.

OFFICIAL ACTIONS

2. A most active committee on studies has formulated a remarkable outline of areas to be covered in the Joint Commission's work. This group has interdigitated the opposing philosophical poles currently prevailing in the field of work with children; i.e., the developmental, medical model and the social action model. The studies will also deal with the social welfare, economic, legal, manpower, and administrative components involved. Patterns of study are being evolved to include task forces, contract studies, and public hearings.

3. A committee on nominations, working closely with a committee on by-laws, has developed a method for membership in the Joint Commission for the many organizations in the country concerned with children.

Without the Medical Director and staff of the American Psychiatric Association, the Joint Commission would not be where it is. Particularly important has been the APA's willingness to make available the experience from the earlier Joint Commission; this has saved

at least a year of organizational struggle. There have been other helping hands, such as NIMH, NAMH, the Office of the Secretary of HEW, and the Rockefeller Brothers' Fund, to mention a few.

With this type of internal and external support, the Joint Commission has emerged from its infancy. It is well launched on its mission to think innovatively, to plan ahead imaginatively for the mental health needs of the children and youth of this country, to think through better ways to fight the fires created by deprivation, unnoticed pathology, and the current unreachables, as well as to find better methods of fireproofing. We proceed with a philosophy and goal which begins with the concept that it is the right of every child in this country to grow and develop as normally as possible.

REGINALD S. LOURIE, M.D.
President
Joint Commission on
Mental Health of Children